

THE DATE STAMPED HEREON BY THE U.S. PATENT AND TRADEMARK OFFICE IS AN
ACKNOWLEDGMENT OF RECEIPT OF THE PAPER(S) IDENTIFIED BELOW:

Description of Paper: *Father Request* Receipt Date:

Name of Applicant(s): *She hom, R. H.*

Title of Invention: *STANDARD IMAGE DATABASE, NO APPLICATION*

Serial No.: *09/025,279* Patent No.: _____

Mailed: *04.7.1995*

Due: _____

File No.: *A39-972-010*



279APP 0008

EXHIBIT S-2

Page 1 of 1

CERTIFICATION OF VITAL RECORD

COUNTY OF DALLAS

TKHR Docket No. 50128-1010

STATE FILE NUMBER

STATE OF TEXAS

CERTIFICATE OF DEATH

1. NAME OF DECEASED (a) FIRST Cathryn		(b) MIDDLE Louise		(c) LAST Odom		(d) MAIDEN Sigalos	2. SEX Female	3. DATE OF DEATH April 14, 2000	
4. DATE OF BIRTH June 04, 1963		S. AGE 36	IF UNDER 1 YR. MO.	IF UNDER 1 DAY. DAYS	HOURS	MIN.	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Greenwich, Connecticut	7. SOCIAL SECURITY NO. 454-43-3776	
8. RACE White		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-18, 17+)) 13	
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE OF WIFE, GIVE MAIDEN NAME		14. DECEDENT'S USUAL OCCUPATION		15. KIND OF BUSINESS OR INDUSTRY Entrepreneur		Commercial	
16. RESIDENCE STREET ADDRESS 721 Pinchurst						18. CITY OR TOWN Richardson			
16. COUNTY Dallas		15a. STATE Texas		15a. ZIP CODE 75080		15b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
18. FATHER'S NAME John Louis Sigalos		17. MOTHER'S MAIDEN NAME Georgia Bakes		18. PLACE OF DEATH (CHECK ONLY ONE)					
19. HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)							
20. COUNTY OF DEATH Dallas		20. CITY OR TOWN IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO. Richardson		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 721 Pinchurst					
22. INFORMANT — SIGNATURE & RELATIONSHIP Mrs Georgia Sigalos - Mother				23. MAILING ADDRESS OF INFORMANT 721 Pinchurst; Richardson TX 75080					
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORIUM OR OTHER PLACE) Restland Memorial Park		25b. Section Block A		26. NAME & ADDRESS OF FUNERAL HOME Anderson-Clayton Bros. Funeral Home, 1111 Military Parkway Mesquite, TX 75149			
		25c. LOCATION (CITY, STATE) Dallas, TX		25d. Lot 24					
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Edward Mireller License #6720		28. Space Unknown <input type="checkbox"/>		29. DATE OF DISPOSITION April 17, 2000			
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE		TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.							
31. SIGNATURE & TITLE OF CERTIFIER John Adams, MD		32. DATE SIGNED 7/18/2000		33. DAY YEAR		34. TIME OF DEATH 5:00 P.M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER Dr. John Adams, MD: 906 Randall Mills Road, Arlington, Texas 76012									
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		Appropriate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Cardiopulmonary arrest</i>		1 month							
b. <i>Cardiac arrhythmia</i>		Second							
c. <i>Carcinomatous cerebral metastasis</i>		Months							
d. <i>Metastatic breast cancer</i>		Months							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., infection, stroke, diabetes, smoking, etc.)		36. AUTOPSY?		37. AUTOPSY FINDINGS AVAILABLE UPON COMPLETION OF CAUSE OF DEATH?		38. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN WITHIN LAST 12 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK M <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE etc (SPECIFY)	
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 01-1524		42b. DATE RECEIVED BY LOCAL REGISTRAR APR 21 2000		42c. SIGNATURE OF LOCAL REGISTRAR Earl Bullock					

EXHIBIT T-1

STATE OF TEXAS
COUNTY OF DALLAS } ss

CERTIFIED COPY OF VITAL RECORDS

I hereby certify that this Abstract of Birth/Death facts is recorded in this Office; or has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document in their custody.

ISSUED APR 21 2000

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.

Earl Bullock
EARL BULLOCK
County Clerk/Registrar
Dallas County Texas

Page 1 of 1

VS-112 REV 9/95

Texas Department of Health — Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be up to \$10,000. (Health and Safety Code, Sec. 165, 1989)